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Translating human needs into government programs is no simple task. This challenge is complicated by changes in our values and perceptions of what people need, by medical advances, and, of course, by fluctuations in government's abilitity to pay for needed services. In 1996, for instance, changes in our values led to funda-



mental change in the way we help parents – mostly single mothers – escape from poverty. This was a change that came all at once, with the passage of specific federal and state welfare reform laws.

Other changes are more evolutionary in nature. For instance, change in our values and laws about people with disabilities, medical advances, and progress in treating mental illness are gradual and ongoing.

All of these changes are driven by forces outside government. But many of them profoundly affect the cost of government, and the nature of government programs and partnerships. Thus, the specific DSHS programs described in this chapter exist in a world of change and challenge.

These programs represent our society's commitment to take care of our children, families, and elders, and to help each other overcome – or cope with – illnesses, disability, abuse, neglect, and economic hardship.